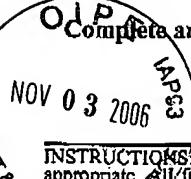


## PART I B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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24126 7590 08/04/2006  
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11/06/2006 RMEBRAH1 00000014 10615186

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Corey L. Malachi	(Depositor's name)
<i>Corey L. Malachi</i>	(Signature)
November 3, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,186	07/08/2003	Arminas Ragauskas	01950-P0006D RJB	6458

**TITLE OF INVENTION: METHOD AND APPARATUS FOR NONINVASIVE DETERMINATION OF THE ABSOLUTE VALUE OF INTRACRANIAL PRESSURE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
APANIUS, MICHAEL	3736	600-561000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	St. Ongue Steward Johnston & Reens LLC
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UAB Vittamed

Lithuania

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

11/03/06

Typed or printed name Richard J. Basile

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November 3, 2006SSJR File: 01950-P0006D  
Pages 3

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From: Corey Malachi for  
Richard J. BasileRe: Serial No. 10/615,186  
Method and Apparatus for Noninvasive Determining the Absolute Value of  
 Intracranial Pressure

Dear Sir or Madam:

Attached is the Issue Fee Transmittal, Part B – Fee(s) Transmittal, and Form PTO-2038  
 (credit card payment).

Very truly yours,

Richard J. Basile  
 rbasile@ssjr.comRJB:clm  
 Enclosures